



SERVICE RETURN

Doc. No. 104176

000657144D01

Douglas District Court
1701 Farnam
Omaha NE 68183

To: Case ID: CI 12 860 Mid-American Benefits Inc v. RMTS LLC

Received this Summons on _____ I hereby certify that on

_____ at _____ o'clock M I served copies of the Summons

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. David P. Kalm, President & CEO
RMTS LLC
The Old Mercantile Exchange Bldg.
Six Harrison Street
New York, NY 10013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent. Addressee _____

B. Received by (Printed Name)

C. Date of Delivery

7/12

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

FILED
IN DISTRICT COURT
DOUGLAS COUNTY NEBRASKA

FEB 14 2012

JOHN M. FRIEND
CLERK DISTRICT COURT

2. Article Number

(Transfer from service label)

2010 0290 0002 7825 1453

102595-02-M-1540 (erson)

PS Form 3811, February 2004

Domestic Return Receipt

CERTIFIED MAIL
PROOF OF SERVICE

Copies of the Summons were mailed by certified mail,
TO THE PARTY: RMTS LLC

At the following address: Mr. David Kalm, President & CEO
The Old Mercantile Exchange Building
Six Harrison Street

New York, NY 10013

on the 3rd day of February 2012, as required by Nebraska state law.

Postage \$ _____

Attorney for:

Milton A. Katskee, #12147
Plaintiff

The return receipt for mailing to the party was signed on February 8, 2012.

To: RMTS LLC
David Kalm, President and Chief Old
Merchantile Exch. Build. 6 Harrison
New York, NY 10013

From: Milton A Katskee
10404 Essex Ct., #100
Omaha, NE 68114

EXHIBIT

D

ATTACH RETURN RECEIPT & RETURN TO COURT

Image ID:
D00104176D01

SUMMONS

Doc. No. 104176

IN THE DISTRICT COURT OF Douglas COUNTY, NEBRASKA
 1701 Farnam
 Omaha NE 68183

Mid-American Benefits Inc v. RMTS LLC

Case ID: CI 12 860

TO: RMTS LLC

FILED BY

Clerk of the Douglas District Court
02/02/2012

You have been sued by the following plaintiff(s):

Mid-American Benefits Inc

Nebraska Assoc. of Resource Distr

Plaintiff's Attorney: Milton A Katskee
 Address: 10404 Essex Ct., #100
 Omaha, NE 68114

Telephone: (402) 391-1697

A copy of the complaint/petition is attached. To defend this lawsuit, an appropriate response must be served on the parties and filed with the office of the clerk of the court within 30 days of service of the complaint/petition. If you fail to respond, the court may enter judgment for the relief demanded in the complaint/petition.

Date: FEBRUARY 2, 2012 BY THE COURT:

John M. Friend
Clerk



PLAINTIFF'S DIRECTIONS FOR SERVICE OF SUMMONS AND A COPY OF THE COMPLAINT/PETITION ON:

RMTS LLC
 David Kalm, President and Chief Old
 Merchantile Exch. Build. 6 Harrison
 New York, NY 10013

Method of service: Certified Mail

You are directed to make such service within ten days after the date of issue, and file with the court clerk proof of service within ten days after the signed receipt is received or is available electronically, whichever occurs first.





SERVICE RETURN

Doc. No. 104177

000657710D01

Douglas District Court
1701 Farnam
Omaha NE 68183

To:

Case ID: CI 12 860 Mid-American Benefits Inc v. RMTS LLC

Re

SENDER: COMPLETE THIS SECTION	
up to	<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. — ■ Print your name and address on the reverse so that we can return the card to you.
by	<ul style="list-style-type: none"> ■ Attach this card to the back of the mailpiece, or on the front if space permits.
1. Article Addressed to:	
as	Nationwide Life Insurance Company c/o CT Corporation System, RA
Se:	1024 K Street Lincoln, NE 68508
Co:	
Mil:	

2. Article Number
(Transfer from service label) 7010 0290 0002 7825 1460

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Date: _____ BY: _____
(Sheriff or authorized person)

COMPLETE THIS SECTION ON DELIVERY	
A. Signature 	
<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
GADA LAW OFFICE 2012	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

CERTIFIED MAIL
PROOF OF SERVICE

Copies of the Summons were mailed by certified mail,
TO THE PARTY: Nationwide Life Insurance Company

At the following address: c/o CT Corporation System, Reg. Agent
1024 K St.

Lincoln, NE 68508

on the 3rd day of February 2012, as required by Nebraska state law.

Postage \$ 10.60 Attorney for: Milton A. Katskee, #12147
Plaintiff

The return receipt for mailing to the party was signed on February 6, 2012.

To: Nationwide Life Insurance Compa
CT Corporation System R.A.
1024 K St
Lincoln, NE 68508

From: Milton A Katskee
10404 Essex Ct., #100
Omaha, NE 68114

ATTACH RETURN RECEIPT & RETURN TO COURT

SUMMONS

IN THE DISTRICT COURT OF Douglas COUNTY, NEBRASKA
 1701 Farnam
 Omaha NE 68183

Mid-American Benefits Inc v. RMTS LLC

Case ID: CI 12 860

TO: Nationwide Life Insurance Compa

FILED BY

Clerk of the Douglas District Court
 02/02/2012

You have been sued by the following plaintiff(s):

Mid-American Benefits Inc

Nebraska Assoc. of Resource Distr

Plaintiff's Attorney: Milton A Katskee
 Address: 10404 Essex Ct., #100
 Omaha, NE 68114

Telephone: (402) 391-1697

A copy of the complaint/petition is attached. To defend this lawsuit, an appropriate response must be served on the parties and filed with the office of the clerk of the court within 30 days of service of the complaint/petition. If you fail to respond, the court may enter judgment for the relief demanded in the complaint/petition.

Date: FEBRUARY 2, 2012 BY THE COURT:

John M. Friend
 Clerk

PLAINTIFF'S DIRECTIONS FOR SERVICE OF SUMMONS AND A COPY OF THE COMPLAINT/PETITION ON:

Nationwide Life Insurance Compa
 CT Corporation System R.A.
 1024 K St
 Lincoln, NE 68508

Method of service: Certified Mail

You are directed to make such service within ten days after the date of issue, and file with the court clerk proof of service within ten days after the signed receipt is received or is available electronically, whichever occurs first.





First Class Mail



7010 0290 0002 7825 1460

Certified/Return Receipt Requested

Katskee, Henatsch & Suing Attorneys at Law 10404 Essex Court, Suite 100 Omaha, NE 68114	
TO:	
Nationwide Life Insurance Company c/o CT Corporation System, RA 1024 K Street Lincoln, NE 68508	
U.S. Postal Service CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
\$ 10.60	
Sent to Nationwide Life Insurance Company c/o CT Corporation System, R.A. Street, Apt. No., or PO Box No. 1024 K Street	
City, State, ZIP+4 Lincoln NE 68508	



SENDER: COMPLETE THIS SECTION		COMPLETENESS SECTION ON DELIVERY	
<p>■ Complete these 1, 2, and 3. Also complete Item 4 if Restressed Delivery is desired.</p> <p>A. Signature</p> <p>■ Agent</p> <p>■ Address</p>		<p>B. Recipient by (Printed Name)</p> <p>C. Date of Delivery</p> <p>■ Yes, enter delivery address from Item 17 <input type="checkbox"/> No</p> <p>■ YES, enter delivery address below: 7010 0290 0002 7825 1460</p>	
<p>1. Article Addressed to:</p> <p>Nationwide Life Insurance Company 1024 K Street o/o CT Corporation System, RA Lincoln, NE 68508</p>		<p>2. Article Number (Transmitter form service label)</p> <p>3. Service Type</p> <p>■ Certified Mail <input type="checkbox"/> Express Mail ■ Registered <input type="checkbox"/> Return Receipt for Merchandise ■ Return Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restressed Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10258-02-01-1540</p> <p><small>Printed on one side of a double-sided sheet</small></p>			